附件3

**试点医院牵头人和联系人通讯录**

试点医院名称：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **具体职责** | **姓名** | **职务** | **办公电话** | **手机** | **传真** | **邮箱** | **备注** |
| 牵头人 |  |  |  |  |  |  |  |
| 联系人 |  |  |  |  |  |  |  |